

United States Environmental Protection Agency  
Region 9  
75 Hawthorne Street , (WST-6)  
San Francisco, CA 94105

August 7, 2008

BRAD FERKOL  
MIASOLE  
2590 WALSH AVE  
SANTA CLARA, CA 95051

The US Environmental Protection Agency (EPA) has updated the information for your RCRA Subtitle C Site under the EPA Identification (ID) Number already assigned to your location (see below). EPA has updated this ID number in response to the RCRA Subtitle C Site Identification Form (8700-12) received from your RCRA Subtitle C Site on July 15, 2008.

By submitting the Form 8700-12, your RCRA Subtitle C Site has notified the EPA of the Resource Conservation and Recovery Act (RCRA) regulated waste activities shown below in accordance with Section 3010 of RCRA. The EPA ID number for this location is also referred to as a 'RCRA ID number' and is to be used on transport manifests and any other hazardous waste management documents required under Subtitle C of RCRA.

RCRA ID number: CAD131632820  
is assigned to: MIASOLE  
435 OAKMEAD PKWY  
SUNNYVALE, CA 94085


EPA has listed your status as:  
Small Quantity Generator

For assistance regarding RCRA regulations, access the following websites:  
<http://www.epa.gov/osw/> or <http://epa.gov/rcraonline/>  
or if you need a current version of the Subtitle C Identification Form (8700-12), access  
<http://www.epa.gov/epaoswer/hazwaste/data/form8700/forms.htm>

For assistance with any other RCRA Notification questions please call the Notification Information Line listed below.

U.S. EPA Region 9  
RCRA Notifications  
75 Hawthorne Street  
(WST-6/Tetra Tech)  
San Francisco, CA 94105

Notification Line (415) 495-8895

<b>SEND COMPLETED FORM TO:</b> The Appropriate State or EPA Regional Office.	United States Environmental Protection Agency <b>RCRA SUBTITLE C SITE IDENTIFICATION FORM</b>		
<b>1. Reason for Submittal</b> (See instructions on page 13.)  MARK ALL BOX(ES) THAT APPLY	<b>Reason for Submittal:</b> <input checked="" type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) <input checked="" type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #____) <input type="checkbox"/> As a component of the Hazardous Waste Report		
<b>2. Site EPA ID Number</b> (page 14)	EPA ID Number <u>CAD 131 632 820</u>		
<b>3. Site Name</b> (page 14)	Name: Miasolé		
<b>4. Site Location Information</b> (page 14)	<b>Street Address:</b> 435 Oakmead Pkwy		
	<b>City, Town, or Village:</b> Sunnyvale	<b>State:</b> CA	
	<b>County Name:</b> Santa Clara	<b>Zip Code:</b> 94085	
<b>5. Site Land Type</b> (page 14)	<b>Site Land Type:</b> <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
<b>6. North American Industry Classification System (NAICS) Code(s) for the Site</b> (page 14)	<b>A.</b> <u>3 3 4 4 1 3</u>		<b>B.</b> <u>  </u>
	<b>C.</b> <u>  </u>		<b>D.</b> <u>  </u>
<b>7. Site Mailing Address</b> (page 15)	<b>Street or P. O. Box:</b> 2590 Walsh Ave		
	<b>City, Town, or Village:</b> Santa Clara		
	<b>State:</b> CA		
	<b>Country:</b> <u>Santa Clara USA per usps.com</u>	<b>Zip Code:</b> 95051	
<b>8. Site Contact Person</b> (page 15)	<b>First Name:</b> Brad	<b>MI:</b>	<b>Last Name:</b> Ferkol
	<b>Phone Number:</b> 408-919-5813 <b>Extension:</b>		<b>Email address:</b> bferkol@miasole.com
<b>9. Operator and Legal Owner of the Site</b> (pages 15 and 16)	<b>A. Name of Site's Operator:</b> Miasolé		<b>Date Became Operator (mm/dd/yyyy):</b> 07/11/2008
	<b>Operator Type:</b> <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	<b>B. Name of Site's Legal Owner:</b> The Irvine Company Management Office		<b>Date Became Owner (mm/dd/yyyy):</b> 01/01/1997
	<b>Owner Type:</b> <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

QC-07-31-2008

RCRA Info &amp; Notification 07/29/08 etc

<b>9. Legal Owner (Continued) Address</b>	<b>Street or P. O. Box:</b> 690 N. McCarthy Blvd., Suite 100 <b>City, Town, or Village:</b> Milpitas <b>State:</b> CA <b>Country:</b> Santa Clara USA per usps.com <b>Zip Code:</b> 95035
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**10. Type of Regulated Waste Activity**  
 Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 17 to 20.)

**A. Hazardous Waste Activities**  
 Complete all parts for 1 through 6.

☒ ☐ **1. Generator of Hazardous Waste**  
 If "Yes", choose only one of the following - a, b, or c.

☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or

☒ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or

☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste

**In addition, indicate other generator activities.**

☐ ☒ d. United States Importer of Hazardous Waste

☐ ☒ e. Mixed Waste (hazardous and radioactive) Generator

☐ ☒ **2. Transporter of Hazardous Waste**

☐ ☒ **3. Treater, Storer, or Disposer of Hazardous Waste (at your site)** Note: A hazardous waste permit is required for this activity.

☐ ☒ **4. Recycler of Hazardous Waste (at your site)**

☐ ☒ **5. Exempt Boiler and/or Industrial Furnace**  
 If "Yes", mark each that applies.  
☐ a. Small Quantity On-site Burner Exemption  
☐ b. Smelting, Melting, and Refining

☐ ☒ **6. Underground Injection Control**

**B. Universal Waste Activities**

☐ ☒ **1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste mark all boxes that apply:**

	Manage
a. Batteries	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>
c. Mercury containing equipment	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>

☐ ☒ **2. Destination Facility for Universal Waste**  
 Note: A hazardous waste permit may be required for this activity.

**C. Used Oil Activities**  
 Mark all boxes that apply.
 

☐ ☒ **1. Used Oil Transporter**  
 If "Yes", mark each that applies.  
☐ a. Transporter  
☐ b. Transfer Facility

☐ ☒ **2. Used Oil Processor and/or Re-refiner**  
 If "Yes", mark each that applies.  
☐ a. Processor  
☐ b. Re-refiner

☐ ☒ **3. Off-Specification Used Oil Burner**

☐ ☒ **4. Used Oil Fuel Marketer**  
 If "Yes", mark each that applies.  
☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner  
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

**11. Description of Hazardous Wastes (See instructions on page 21.)**

**A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	F003	U002	D035	D002	D006	D010
U220						

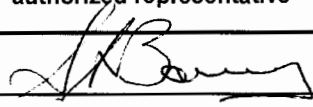
**B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.** Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

212	331	551	791	181	122	352

**12. Comments (See instructions on page 21.)**

**13. Certification.** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

For the RCRA Hazardous Waste Part A Permit Application, all operator(s) and owner(s) must sign (see 40 CFR 270.10 (b) and 270.11). (See instructions on page 21.)

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Stephen Barry, VP of Operations	07/11/2008



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2590 Walsh Avenue, Santa Clara, CA 95051 • (408) 919-5700 • Fax (408) 919-5701 • [www.miasole.com](http://www.miasole.com)

July 11, 2008

EPA Region 9  
**RCRA Notification**  
75 Hawthorne Street  
San Francisco, CA 94105  
415 744-1305

Re: RCRA Subtitle C Site Identification Form for 435 Oakmead Pkwy

Dear Mr. McGee:

Miasolé, Inc. (Miasolé) located at 2950 Walsh Avenue in Santa Clara, CA has signed a lease to occupy the 435 Oakmead Pkwy facility in Sunnyvale, CA. Attached is the completed EPA Form 8700-12.

If you have any questions concerning this submittal or need any additional information, please contact Brad Ferkol at (408) 919-5813 or Troy Christensen, PE of Otis Institute, Inc. can be contacted at (415) 734-0186 for any technical questions.

Regards,

Brad Ferkol  
Director of Corporate Facilities/Planning

Attachment

RCRA Subtitle C Site Identification Form

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# **Attachment One**

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## **RCRA Subtitle C Site Identification Form**

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

	United States Environmental Protection Agency Washington, DC 20460	Please refer to the <i>Instructions for Filing Notification</i> before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).
Notification of Hazardous Waste Activity		

**For Official Use Only**

Comments											
C	SQG/CAX										
C											

Installation's EPA ID Number										Approved		Date Received (yr. mo. day)			
C	CAD131632820										T/A	C	13 MAY 1986		
F											1				

**I. Name of Installation**

O	P	T	I	M	E	M										
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

**II. Installation Mailing Address**

Street or P.O. Box															
C	435 OAKMEAD PARKWAY														
3															
City or Town										State		ZIP Code			
C	SUNNYVALE										CA		94086		
4															

**III. Location of Installation**

Street or Route Number															
C	SAME AS ITEM 2														
5															
City or Town										State		ZIP Code			
C															
6															

**IV. Installation Contact**

Name and Title (last, first, and job title)															Phone Number (area code and number)					
C	COOK, CINDY, FACIL SU															408 737 7373				
2																				

**V. Ownership**

A. Name of Installation's Legal Owner										B. Type of Ownership (enter code)					
C	SEE ATTACHED										P				
R															

**VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)**

<p style="text-align: center; font-size: small;"><b>A. Hazardous Waste Activity</b></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> 1a. Generator  <input type="checkbox"/> 2. Transporter  <input type="checkbox"/> 3. Treater/Storer/Disposer  <input type="checkbox"/> 4. Underground Injection  <input type="checkbox"/> 5. Market or Burn Hazardous Waste Fuel  <div style="font-size: x-small;">(enter 'X' and mark appropriate boxes below)</div> <input type="checkbox"/> a. Generator Marketing to Burner  <input type="checkbox"/> b. Other Marketer  <input type="checkbox"/> c. Burner                         </div> <div style="width: 45%;"> <input checked="" type="checkbox"/> 1b. Less than 1,000 kg/mo.                         </div> </div>	<p style="text-align: center; font-size: small;"><b>B. Used Oil Fuel Activities</b></p> <div style="display: flex;"> <div style="width: 45%;"> <input type="checkbox"/> 6. Off-Specification Used Oil Fuel  <div style="font-size: x-small;">(enter 'X' and mark appropriate boxes below)</div> <input type="checkbox"/> a. Generator Marketing to Burner  <input type="checkbox"/> b. Other Marketer  <input type="checkbox"/> c. Burner                         </div> <div style="width: 45%; font-size: 1.5em; vertical-align: middle; text-align: center;">                 085 SANTA CLARA             </div> </div> <input type="checkbox"/> 7. Specification Used Oil Fuel Marketer (or On site Burner) <div style="font-size: x-small;">Who First Claims the Oil Meets the Specification</div>
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**VII. Waste Fuel Burning: Type of Combustion Device** (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

<input type="checkbox"/> A. Utility Boiler	<input type="checkbox"/> B. Industrial Boiler	<input type="checkbox"/> C. Industrial Furnace
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**VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))**

<input type="checkbox"/> A. Air	<input type="checkbox"/> B. Rail	<input type="checkbox"/> C. Highway	<input type="checkbox"/> D. Water	<input type="checkbox"/> E. Other (specify)
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**IX. First or Subsequent Notification**

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

<input type="checkbox"/> A. First Notification <input checked="" type="checkbox"/> B. Subsequent Notification (complete item C)	C. Installation's EPA ID Number
	CA X 000214601

C

C

W

1

**X. Description of Hazardous Wastes** (continued from front)**A. Hazardous Wastes from Nonspecific Sources.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1 F001	2 F002	3 F003	4 F005	5	6
7	8	9	10	11	12

**B. Hazardous Wastes from Specific Sources.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

**C. Commercial Chemical Product Hazardous Wastes.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 U121	32 U002	33 U154	34 U220	35 U080	36
37	38	39	40	41	42
43	44	45	46	47	48

**D. Listed Infectious Wastes.** Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
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**E. Characteristics of Nonlisted Hazardous Wastes.** Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)☐ 1. Ignitable  
(D001)☐ 2. Corrosive  
(D002)☐ 3. Reactive  
(D003)☐ 4. Toxic  
(D000)**XI. Certification**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature

Name and Official Title (type or print)

Date Signed

Cindy Cook

CINDY COOK FACILITIES/SAFETY

4/1/86

SUPERVISOR